

# UNITED STATES HOUSE OF REPRESENTATIVES

FORM A

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## CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CLERK

Maurice D. Hinchey

202-225-6335

(Full Name)

(Daytime Telephone)

2010 MAY 13 PM 4:03

OFFICE OF THE CLERK  
HOUSE OF REPRESENTATIVES  
(Office Use Only)

ME

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: NY District: 22	<input type="checkbox"/> Officer Or Employee	Employing Office:
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

### PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. If yes, complete and attach Schedule I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. If yes, complete and attach Schedule III. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

### EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<b>Trusts--</b> Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Exemptions--</b> Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I - EARNED INCOME**

Name **Maurice D. Hinchey**

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
State of New York	Pension	\$35,800
Patricia Lynch Associates	Spouse Salary	N/A
DKC Government Affairs	Spouse Salary	N/A

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Maurice D. Hinchey

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BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP	Echo Hill Property, Saugerties, NY	\$100,001 - \$250,000	None	NONE	
	Partition Street Property, Saugerties, NY	\$250,001 - \$500,000	None	NONE	
	Ulster Savings Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Congressional Federal Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Oppenheimer Cash Reserve C	\$1,001 - \$15,000	CAPITAL GAINS/DIVIDEN DS	\$1 - \$200	
SP	Oppenheimer Capital Income Fund	\$1,001 - \$15,000	DIVIDENDS/CAPIT AL GAINS	\$1,001 - \$2,500	P

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Maurice D. Hinchey

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SP	Oppenheimer Global Fund C	\$15,001 - \$50,000	CAPITAL GAINS/DIVIDEN DS	\$1,001 - \$2,500	P
SP	Oppenheimer Mainstreet SmallCap Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
SP	Oppenheimer Main Street Fund C	\$1,001 - \$15,000	CAPITAL GAINS/DIVIDEN DS	\$201 - \$1,000	P
SP	Oppenheimer Quest Balanced Fund C	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	P
SP	Oppenheimer Strategic Income Fund C	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	P
SP	Wells Fargo Money Market	\$1,001 - \$15,000	INTEREST	\$1 - \$200	P
SP	Evergreen Equity Asset Allocation Mutual Fund Class C	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	P
SP	Franklin Templeton Mutual Series Global Discovery Mutual Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	P
SP	Evergreen Equity Asset Allocation Class B and C (IRA)	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	P
SP	Fidelity Advisor New Insights (IRA)	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	P
SP	ING Direct Savings	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

# SCHEDULE IV - TRANSACTIONS

Name Maurice D. Hinchey

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	Oppenheimer Global Fund C	P	N/A	Monthly	\$1,001 - \$15,000
SP	Oppenheimer Capital Income Fund	P	N/A	Monthly	\$1,001 - \$15,000
SP	Oppenheimer Main Street Fund C	P	N/A	Monthly	\$1,001 - \$15,000
SP	Oppenheimer Quest Balanced Fund C	P	N/A	Monthly	\$1,001 - \$15,000
SP	Oppenheimer Strategic Income Fund C	P	N/A	Monthly	\$1,001 - \$15,000
SP	Wells Fargo Money Market	P	N/A	February 1, 2009	\$1,001 - \$15,000
SP	Evergreen Equity Asset Allocation Mutual Fund Class C	P	N/A	Multiple months	\$1,001 - \$15,000
SP	Evergreen Equity Asset Allocation Class B and C (IRA)	P	N/A	December 2009	\$1,001 - \$15,000
SP	Fidelity Advisor New Insights (IRA)	P	N/A	December 2009	\$1,001 - \$15,000
SP	Citibank NA South Dakota Bank Deposit Program	S	No	February 1, 2009	\$1,001 - \$15,000
SP	American Funds/The Growth Fund of America (529C)	S	No	July 28, 2009 & November 30, 2009	\$1,001 - \$15,000

# SCHEDULE IV - TRANSACTIONS

Name Maurice D. Hinchey

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	American Funds AMCAP Fund (529C)	S	No	July 28, 2009 & November 30, 2009	\$15,001 - \$50,000
SP	Franklin Templeton Mutual Series Global Discovery Mutual Fund	P	N/A	Multiple Months	\$1,001 - \$15,000

# **SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Maurice D. Hinchey

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute	February 14- February 20	NY-Amman, Jordan-NY	Y	Y	N	None
Aspen Institute	May 26- June 1	NY-Dubrovnick, Croatia-NY	Y	Y	N	None

# SCHEDULE IX - AGREEMENTS

Name Maurice D. Hinchey

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
January 1993	State of New York	Pension annuity for service in State Assembly